2021 ELECTION CYCLE

SECRETARY OF STATE

RECEIVED
JAN 31 2022
Secretary of State
Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2021 Annual Report

Name of Candidate C. Scott Bounds

Address PO Box 512 City/State/Zip Philadelphia, MS 39350

Telephone (Work) 601-389-9675 (Home) 601-656-1765 (Fax) N/A

Contact Name C. Scott Bounds Email Address cscottbounds@gmail.com

Office Sought State Rep #44

☐ Check here if above information is different from previous report

TYPE OF REPORT

✓ **Monday, January 31, 2022** (January 1, 2021 through December 31, 2021) ..... **Annual Report**

____ **Termination Report** (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

(1) **Annual Reports are mandatory for all candidates who did not run for office in 2021 filing 2021 Periodic Reports and have not filed a Termination Report prior to December 31, 2021, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.**

(2) **Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.**

(3) **Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**

(4) **The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day *before* the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO JANUARY 1, 2018

JAN. 1, 2021 CASH ON HAND BALANCE			$ 61,679 19
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS[1]	$ —	$ —	$ —
TOTAL AMT OF DISBURSEMENTS	$ —	$ —	$ —
DEC. 31, 2021 CASH ON HAND BALANCE			$ 61,679 19

[1] *Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.*

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED AFTER JANUARY 1, 2018

JAN. 1, 2021 CASH ON HAND BALANCE			$ 47,259 73
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	$ 30,150 00	$ 5,186 99	$ 35,336 99
TOTAL AMT OF DISBURSEMENTS	$ 5,630 32	$ 2,309 33	$ 7,939 65
DEC. 31, 2021 CASH ON HAND BALANCE			$ 74,657 07

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

C. Scott Bland
Signature of Candidate

1/29/22
Date

Authority: ***Miss. Code Ann. §23-15-801, et. seq.***

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of $50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1/1/21 through 12/31/21

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Armstrong & Associates	12/3/21	$ 250.00
Mailing Address 113 Park Avenue	__/__/__	$
City, State, Zip Code Madison, MS 39110	__/__/__	$
Name of Employer (Required) Armstrong & Associates	__/__/__	$
Occupation (Required) Govt Relations	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Motorola Solutions PAC	12/3/21	$ 500.00
Mailing Address 1455 Pennsylvania Avenue	__/__/__	$
City, State, Zip Code Washington, DC 20004	__/__/__	$
Name of Employer (Required) Motorola Communications	__/__/__	$
Occupation (Required) Communications Hardware	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Stephen J. Stiglets	12/3/21	$ 250.00
Mailing Address 4508 Harrison Ave	__/__/__	$
City, State, Zip Code Gulfport, MS 39507-4027	__/__/__	$
Name of Employer (Required) Self	__/__/__	$
Occupation (Required) Govt Relations	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Power Company PAC	12/3/21	$ 1,000.00
Mailing Address PO Box 4079	__/__/__	$
City, State, Zip Code Gulfport, MS 39502	__/__/__	$
Name of Employer (Required) Southern Company	__/__/__	$
Occupation (Required) Energy Transmission/Distribution	Aggregate year-to-date	$ 1,000.00

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-20

ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ⊗ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chancy Branning	12/3/21	$ 250.00
Mailing Address 11000 Hwy 21 South	__/__/__	$
City, State, Zip Code Union, MS 39365	__/__/__	$
Name of Employer (Required) Branning & Associates Law	__/__/__	$
Occupation (Required) Law	Aggregate year-to-date	$ 250.00

B. Source: ◯ Corporation ⊗ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Atmos Energy PAC	12/3/21	$ 500.00
Mailing Address 5430 LBJ Freeway, Ste. 160	__/__/__	$
City, State, Zip Code Dallas, TX	__/__/__	$
Name of Employer (Required) Atmos Energy Corp.	__/__/__	$
Occupation (Required) Nat. Gas Distribution	Aggregate year-to-date	$ 500.00

C. Source: ⊗ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BNSF Railway Company	12/3/21	$ 500.00
Mailing Address 2500 Lou Menk Drive, AOB-2	__/__/__	$
City, State, Zip Code Fort Worth, TX 76131	__/__/__	$
Name of Employer (Required) BNSF Railway Corp	__/__/__	$
Occupation (Required) Railroad	Aggregate year-to-date	$ 500.00

D. Source: ⊗ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Denbury	12/3/21	$ 500.00
Mailing Address 5851 Legacy Circle, Ste. 1200	__/__/__	$
City, State, Zip Code Plano, TX 75024	__/__/__	$
Name of Employer (Required) Denbury	__/__/__	$
Occupation (Required) Energy Prod/Distr.	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: ◯ Corporation ☒ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Coalition For Progress	12/3/21	$ 1,000.00
Mailing Address PO Box 1591	__/__/__	$
City, State, Zip Code Jackson, MS 39215	__/__/__	$
Name of Employer (Required) MS Coalition For Progress	__/__/__	$
Occupation (Required) University Advocacy	Aggregate year-to-date	$ 1,000.00

B. Source: ◯ Corporation ◯ PAC ☒ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name James Heidelberg	12/3/21	$ 250.00
Mailing Address 1300 Driftwood Str.	__/__/__	$
City, State, Zip Code Pascagoula, MS 39567	__/__/__	$
Name of Employer (Required) Heidelberg Assoc.	__/__/__	$
Occupation (Required) Law	Aggregate year-to-date	$ 250.00

C. Source: ☒ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cascio San Ford Gut. Law Group	12/3/21	$ 250.00
Mailing Address 825 N. President Str.	__/__/__	$
City, State, Zip Code Jackson, MS	__/__/__	$
Name of Employer (Required) Cascio SanFord	__/__/__	$
Occupation (Required) Law	Aggregate year-to-date	$ 250.00

D. Source: ◯ Corporation ☒ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ComCast PAC	12/3/21	$ 1,000.00
Mailing Address 1701 JFK Blvd	__/__/__	$
City, State, Zip Code Phila., PA 19103	__/__/__	$
Name of Employer (Required) Comcast/NBC Universal	__/__/__	$
Occupation (Required) Telecommunications	Aggregate year-to-date	$ 1,000.00

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-20

ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ☒ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ronald Barnes	12/3/21	$ 500.00
Mailing Address 10600 Jordan Road	__/__/__	$
City, State, Zip Code Ocean Springs, MS 39565	__/__/__	$
Name of Employer (Required) Coast Electric	__/__/__	$
Occupation (Required) Electrical Distribution	Aggregate year-to-date	$ 500.00

B. Source: ☒ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name T-Mobile	12/3/21	$ 500.00
Mailing Address 12920 SE 38th Street	__/__/__	$
City, State, Zip Code Bellevue, WA 98006	__/__/__	$
Name of Employer (Required) T-Mobile Corp	__/__/__	$
Occupation (Required) Telecommunications	Aggregate year-to-date	$ 500.00

C. Source: ☒ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name PhRMA	12/3/21	$ 1,000.00
Mailing Address 950 F Street NW, Suite 300	__/__/__	$
City, State, Zip Code Washington, DC 20004	__/__/__	$
Name of Employer (Required) PhRMA Corporation	__/__/__	$
Occupation (Required) Pharm. Research & MFG	Aggregate year-to-date	$ 1,000.00

D. Source: ◯ Corporation ☒ PAC ◯ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS. Manufacturers Assn.	12/3/21	$ 500.00
Mailing Address 720 N. President Str.	__/__/__	$
City, State, Zip Code Jackson, MS 39202	__/__/__	$
Name of Employer (Required) MS MFG. Assn	__/__/__	$
Occupation (Required) MFG. / Govt Relations	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: ◯ Corporation ☒ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Realtors PAC	12/6/21	$ 1,000 00
Mailing Address PO Box 321000	__/__/__	$
City, State, Zip Code Flowood, MS 39232-1000	__/__/__	$
Name of Employer (Required) MS Realtors Assn	__/__/__	$
Occupation (Required) Real Estate Govt Relations	Aggregate year-to-date	$ 1,000 00

B. Source: ☒ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WT Consultants, LLC	12/6/21	$ 500 00
Mailing Address PO Box 774	__/__/__	$
City, State, Zip Code Jackson, MS 39205-0774	__/__/__	$
Name of Employer (Required) Worth Thomas	__/__/__	$
Occupation (Required) Govt Relations	Aggregate year-to-date	$ 500 00

C. Source: ☒ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cornerstone Govt. AFFAIRS, INC	12/6/21	$ 500 00
Mailing Address 800 Maine Avenue, SW, 7th Floor	__/__/__	$
City, State, Zip Code Washington, DC 20024	__/__/__	$
Name of Employer (Required) Same	__/__/__	$
Occupation (Required) Govt Relations	Aggregate year-to-date	$ 500 00

D. Source: ◯ Corporation ☒ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS. Manf. Housing Assn	12/6/21	$ 250 00
Mailing Address PO Box 320369	__/__/__	$
City, State, Zip Code ~~Flowood~~ Jackson, MS 39232	__/__/__	$
Name of Employer (Required) Same	__/__/__	$
Occupation (Required) Govt Relations - MF Housing	Aggregate year-to-date	$ 250 00

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ☒ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mark C. Baker	12/6/21	$ 250.00
Mailing Address 244 Dominion Parkway	__/__/__	$
City, State, Zip Code Brandon, MS 39042	__/__/__	$
Name of Employer (Required) Self	__/__/__	$
Occupation (Required) Attorney	Aggregate year-to-date	$ 250.00

B. Source: ◯ Corporation ◯ PAC ☒ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chris Rhodes	12/6/21	$ 500.00
Mailing Address 91 Red Maple Trail	__/__/__	$
City, State, Zip Code Petal, MS 39465	__/__/__	$
Name of Employer (Required) SPEPA	__/__/__	$
Occupation (Required) MGR	Aggregate year-to-date	$ 500.00

C. Source: ◯ Corporation ◯ PAC ☒ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Clare L. Hester	12/6/21	$ 500.00
Mailing Address 104 Noah Mills Road	__/__/__	$
City, State, Zip Code Madison, MS 39110-7673	__/__/__	$
Name of Employer (Required) Self	__/__/__	$
Occupation (Required) Govt Relations	Aggregate year-to-date	$ 500.00

D. Source: ◯ Corporation ☒ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ECM Co-op PAC	12/6/21	$ 2,000.00
Mailing Address PO Box 3300	__/__/__	$
City, State, Zip Code Ridgeland, MS 39158	__/__/__	$
Name of Employer (Required) ECM	__/__/__	$
Occupation (Required) Electrical Distr. Mgt	Aggregate year-to-date	$ 2,000.00

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ☒ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Randy E. Carroll	12/6/21	$ 500.00
Mailing Address 6211 Pinedale Road	__/__/__	$
City, State, Zip Code Meridian, MS 39305	__/__/__	$
Name of Employer (Required) EMEPA	__/__/__	$
Occupation (Required) MGR	Aggregate year–to-date	$ 500.00

B. Source: ◯ Corporation ◯ PAC ☒ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jeff Bowman	12/6/21	$ 500.00
Mailing Address 102 Wild Mows	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39402-8109	__/__/__	$
Name of Employer (Required) Cooperative Energy	__/__/__	$
Occupation (Required) MGR	Aggregate year–to-date	$ 500.00

C. Source: ◯ Corporation ◯ PAC ☒ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Brown	12/6/21	$ 250.00
Mailing Address PO Box 1132	__/__/__	$
City, State, Zip Code Jackson, MS 39215	__/__/__	$
Name of Employer (Required) MMBA	__/__/__	$
Occupation (Required) CEO	Aggregate year–to-date	$ 250.00

D. Source: ◯ Corporation ◯ PAC ◯ Individual ◯ Loan ◯ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year–to-date	$

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DISH	12/6/21	$ 500.00
Mailing Address PO Box 6622	__/__/__	$
City, State, Zip Code Englewood, CO 80155	__/__/__	$
Name of Employer (Required) DISH Corp.	__/__/__	$
Occupation (Required) Satellite Communications	Aggregate year-to-date	$ 500.00

B. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jones-Walker LLP	12/6/21	$ 250.00
Mailing Address 190 E. Capitol Str #800	__/__/__	$
City, State, Zip Code Jackson, MS 39201	__/__/__	$
Name of Employer (Required) Jones-Walker LLP	__/__/__	$
Occupation (Required) Attorneys	Aggregate year-to-date	$ 250.00

C. Source: ( ) Corporation (X) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ergon State PAC	12/6/21	$ 1,000.00
Mailing Address PO Box 1639	__/__/__	$
City, State, Zip Code Jackson, MS 39215-1639	__/__/__	$
Name of Employer (Required) Ergon Corp	__/__/__	$
Occupation (Required) Energy Mgt	Aggregate year-to-date	$ 1,000.00

D. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kinetic Staffing LLC	12/6/21	$ 250.00
Mailing Address PO Box 55914	__/__/__	$
City, State, Zip Code Jackson, MS 39296	__/__/__	$
Name of Employer (Required) Kinetic Staffing	__/__/__	$
Occupation (Required) Temp Staffing	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chevron	12/6/21	$ 1,000 00
Mailing Address PO Box 6042	__/__/__	$
City, State, Zip Code San Ramon, CA 94583	__/__/__	$
Name of Employer (Required) Chevron Corp.	__/__/__	$
Occupation (Required) Energy/Industry Diversity	Aggregate year-to-date	$ 1,000 00
B. Source: ( ) Corporation ( ) PAC (X) Individual ( ) Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name Friends of Jason White	12/6/21	$ 500 00
Mailing Address PO Box 691	__/__/__	$
City, State, Zip Code Kosciusko, MS 39090-0691	__/__/__	$
Name of Employer (Required) Jason White,	__/__/__	$
Occupation (Required) Attorney	Aggregate year-to-date	$ 500 00
C. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name Mark S. Bounds Realty Partners	12/6/21	$ 250 00
Mailing Address PO Box 1753	__/__/__	$
City, State, Zip Code Madison, MS 39130	__/__/__	$
Name of Employer (Required) Mark S. Bounds	__/__/__	$
Occupation (Required) Real Estate	Aggregate year-to-date	$ 250 00
D. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name JM Hughes Group	12/6/21	$ 250 00
Mailing Address 147 Highland Circle	__/__/__	$
City, State, Zip Code Jackson, MS 39211	__/__/__	$
Name of Employer (Required) John Hughes	__/__/__	$
Occupation (Required) Govt Relations	Aggregate year-to-date	$ 250 00

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name United Health Group, Inc.	12/21/21	$ 500.00
Mailing Address PO Box 1459	__/__/__	$
City, State, Zip Code Minneapolis, MN 55440-1459	__/__/__	$
Name of Employer (Required) United Health Group, Inc	__/__/__	$
Occupation (Required) Health care Mgt.	Aggregate year-to-date	$ 500.00

B. Source: ( ) Corporation (X) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Independent RX PAC	12/21/21	$ 500.00
Mailing Address 4209 Lakeland Dr., Ste. 399	__/__/__	$
City, State, Zip Code Flowood, MS 39232	__/__/__	$
Name of Employer (Required) MS Independent Rharmacist	__/__/__	$
Occupation (Required) Ind. Pharmacist Assn.	Aggregate year-to-date	$ 500.00

C. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name C-Spire	12/21/21	$ 500.00
Mailing Address 1018 Highland Colony Pkwy, Ste 330	__/__/__	$
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required) Cellular South Inc	__/__/__	$
Occupation (Required) Telecommunications	Aggregate year-to-date	$ 500.00

D. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T ~~Mississippi~~ / Services, Inc.	12/21/21	$ 1,000.00
Mailing Address 1120 20th Street NW	__/__/__	$
City, State, Zip Code Washington, DC 20036	__/__/__	$
Name of Employer (Required) AT&T	__/__/__	$
Occupation (Required) Telecommunications	Aggregate year-to-date	$ 1,000.00

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Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1-1-21 through 12-31-21

ITEMIZED RECEIPTS

A. Source: ◯ Corporation ☒ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ENPAC	12/21/21	$ 1,000.00
Mailing Address PO Box 1640	__/__/__	$
City, State, Zip Code Jackson, MS 39215-1640	__/__/__	$
Name of Employer (Required) Entergy, Inc	__/__/__	$
Occupation (Required) Electric Production & Distribution	Aggregate year-to-date	$ 1,000.00

B. Source: ◯ Corporation ☒ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wild for Mississippi Outdoor PAC	12/31/21	$ 500.00
Mailing Address PO Box 1465	__/__/__	$
City, State, Zip Code Ridgeland, MS 39158	__/__/__	$
Name of Employer (Required) Same	__/__/__	$
Occupation (Required) Conservation Advocacy	Aggregate year-to-date	$ 500.00

C. Source: ☒ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Telecommunications Assn. TELSE Fund	12/31/21	$ 500.00
Mailing Address 100 N. Union Street, Suite 826	__/__/__	$
City, State, Zip Code Montgomery, AL 36104	__/__/__	$
Name of Employer (Required) Same	__/__/__	$
Occupation (Required) Telecommunications Relations/Advocacy	Aggregate year-to-date	$ 500.00

D. Source: ☒ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Telephone Electronics Corp.	12/31/21	$ 1,000.00
Mailing Address PO Box 22923	__/__/__	$
City, State, Zip Code Jackson, MS 39225	__/__/__	$
Name of Employer (Required) TEC	__/__/__	$
Occupation (Required) Telecommunications/Broadband	Aggregate year-to-date	$ 1,000.00

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Name of Candidate or Committee C. Scott Bounds

Reporting period 1/1/21 through 12/31/21

ITEMIZED RECEIPTS

A. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan ( ) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway Company	1/4/21	$ 500.00
Mailing Address: 250 Lou Menk Drive, AOB-2	__/__/__	$
City, State, Zip Code: Fort Worth, TX 76131	__/__/__	$
Name of Employer (Required): BNSF	__/__/__	$
Occupation (Required): Railroad	Aggregate year-to-date	$ 500.00

B. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan ( ) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grand Trunk Western Railroad	1/4/21	$ 400.00
Mailing Address: 2800 Livernois, Ste. 300	__/__/__	$
City, State, Zip Code: Troy, MI 48007-5025	__/__/__	$
Name of Employer (Required): Grand Trunk Railway	__/__/__	$
Occupation (Required): Railroad	Aggregate year-to-date	$ 400.00

C. Source: ( ) Corporation (X) PAC ( ) Individual ( ) Loan ( ) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MRGEP PAC	1/4/21	$ 500.00
Mailing Address: PO Box 16604	__/__/__	$
City, State, Zip Code: Jackson, MS 39236	__/__/__	$
Name of Employer (Required): MRGEP	__/__/__	$
Occupation (Required): Conservation/Sportsmens Advocacy	Aggregate year-to-date	$ 500.00

D. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan ( ) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Adams & Reese LLP	1/4/21	$ 500.00
Mailing Address: 1018 Highland Colony Pkwy, Ste 800	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39158	__/__/__	$
Name of Employer (Required): Adams & Reese	__/__/__	$
Occupation (Required): LAW	Aggregate year-to-date	$ 500.00

Page ____ of ____

Name of Candidate or Committee The C. Scott Bounds Campaign

Reporting period 1/1/21 through 12/31/21

ITEMIZED RECEIPTS

A. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan ( ) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Koch Industries	12/31/21	$ 750.00
Mailing Address: 4111 E. 37th St. N.	__/__/__	$
City, State, Zip Code: Wichita, KS 67220	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Industry Diversification	Aggregate year-to-date	$ 750.00

B. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan ( ) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Mgt. Corp	1/4/21	$ 1,000.00
Mailing Address	__/__/__	$
City, State, Zip Code: St. Louis, MO 63105	__/__/__	$
Name of Employer (Required): Centene Corp	__/__/__	$
Occupation (Required): Healthcare Mgt.	Aggregate year-to-date	$ 1000.00

C. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan ( ) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: United Health Group, Inc	1/4/21	$ 500.00
Mailing Address: PO Box 1459	__/__/__	$
City, State, Zip Code: Minneapolis, MN 55440-1459	__/__/__	$
Name of Employer (Required): United Health Group, Inc	__/__/__	$
Occupation (Required): Healthcare mgt.	Aggregate year-to-date	$ 500.00

D. Source: ( ) Corporation (X) PAC ( ) Individual ( ) Loan ( ) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Capitol Resources PAC	1/4/21	$ 1,000.00
Mailing Address: 200 North Congress Str., Ste 500	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required): Capitol Resources, Inc.	__/__/__	$
Occupation (Required): Govt Relations/Advocacy	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee C. Scott Bounds

Reporting period 1/1/21 through 12/31/21

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, 2018

A. Full name Golf Classics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 850	5/24/21	$ 150.00
City, State, Zip Code Ms Minnville, TN 37111	11/24/21	$ 150.00
Purpose of Disbursement (Optional) Advertising, Annual	Aggregate Year-to-date	$ 300.00
B. Full name MS House Leadership Fund PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1080 Augusta Dr.	10/26/21	$ 1,000.00
City, State, Zip Code Oxford, MS 38655	__/__/__	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 1,000.00
C. Full name Print Design Solutions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5523 Cherokee Road	11/11/21	$ 337.05
City, State, Zip Code Meridian, MS 39305	__/__/__	$
Purpose of Disbursement (Optional) Fund Raising / Printing	Aggregate Year-to-date	$ 337.05
D. Full name Southern Consulting Assoc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 822 Aberdeen Cove	11/12/21	$ 1,750.00
City, State, Zip Code Madison, MS 39110	__/__/__	$
Purpose of Disbursement (Optional) Fund Raiser event Adm.	Aggregate Year-to-date	$ 1,750.00
E. Full name Augie Leopold Promotions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3214 Roman Str.	8/17/21	$ 65.00
City, State, Zip Code Metaire, LA 70001	11/12/21	$ 142.31
Purpose of Disbursement (Optional) Campaign Promotion Mdse.	Aggregate Year-to-date	$ 207.31
F. Full name C. Scott Bounds	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 512 / 45 Carla Dr.	9/28/21	$ 1,813.46
City, State, Zip Code Philadelphia, MS 39350	__/__/__	$
Purpose of Disbursement (Optional) Reimbursement / Energy Council E.C. Meeting	Aggregate Year-to-date	$ 1,813.46

Name of Candidate or Committee C. Scott Bounds

Reporting period 1/1/21 through 12/31/21

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
C. Scott Bounds		
Mailing Address 45 Carla Dr.	9/10/21	$ 222.50
City, State, Zip Code Philadelphia, MS 39350	__/__/__	$
Purpose of Disbursement (Optional) Misc; Postage, PO Box Rental	Aggregate Year-to-date	$ 222.50
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$